

DEPENDENCY STATEMENT - CHILD BORN OUT OF WEDLOCK UNDER AGE 21	CONTROL NUMBER	<i>Form Approved OMB No. 0730-0014 Expires May 31, 2004</i>
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PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO YOUR LOCAL SERVING PERSONNEL/PAYROLL OFFICE.		
PRIVACY ACT STATEMENT		
AUTHORITY: 37 U.S.C. Chapter 7; 10 U.S.C. Chapter 55; EO 9397, November 1943. PRINCIPAL PURPOSE: To obtain information to determine dependency upon service member. ROUTINE USE(S): Copies of the dependency statement, related correspondence, and information from either may be furnished to the FBI for law enforcement; the IRS and state and local taxing agencies for tax administration; the VA to determine entitlement and prevent duplication of payment; the Defense Finance and Accounting Service for final determination in appeal cases; welfare agencies to prevent duplication of payment; and the American Red Cross (ARC) for locator purposes and to aid in delinquent loans owed to ARC. DISCLOSURE: Voluntary; however, the SSN is used for positive identification and if the required information is not furnished, the member's application may be disapproved.		
INSTRUCTIONS		
MALE MEMBER WITH CHILD BORN OUT OF WEDLOCK WHOSE PATERNITY HAS NOT BEEN JUDICIALLY DETERMINED AND WHO DOES NOT RESIDE IN MEMBER'S HOUSEHOLD. Member must complete Items 1 and 2, and sign and date the form. Child's custodian or representative must complete Items 3 through 13, sign and date the form, and have it notarized. CHILD MUST BE MORE THAN 50% DEPENDENT ON MEMBER. If member is deceased, representative of the child must complete this form in its entirety and have the form notarized. Items 5 through 11 must reflect the 12 months prior to the member's death. Report income in <u>GROSS</u> amounts, and attach verification documentation.		
NOTE: Answer all questions. If any question does not apply, write "NOT APPLICABLE" or "N/A" in that block. Use the Remarks section when required. Incomplete answers will delay final action on the application.		
1. ENTITLEMENTS REQUESTED <i>(X and complete as applicable)</i>		
a. TYPE <input type="checkbox"/> USIP CARD <input type="checkbox"/> OTHER <i>(Specify)</i>	b. FIRST APPLICATION? <input type="checkbox"/> YES <i>(If No, give date of last application)</i> <input type="checkbox"/> NO <i>(YYYYMMDD)</i>	c. LAST APPLICATION WAS <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
2. MEMBER INFORMATION		
a. NAME <i>(Last, First, Middle Initial)</i>		b. SSN
c. RANK		
d. STATUS <i>(X and complete as applicable)</i> <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> DECEASED <i>(Date of death) (YYYYMMDD)</i> <input type="checkbox"/> RETIRED <input type="checkbox"/> RESERVE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER <i>(Specify)</i>		
e. COMPLETE RESIDENCE ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>		
f. COMPLETE MILITARY ADDRESS <i>(Include assignment: squadron and base)</i>		
g. TELEPHONE NUMBERS <i>(Include DSN or Area Code)</i> (1) WORK (2) HOME		h. E-MAIL ADDRESS
i. MARITAL STATUS <i>(X one)</i> <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		
3. MEMBER'S CHILD		
a. NAME <i>(Last, First, Middle Initial)</i>		b. SSN
c. DATE OF BIRTH <i>(YYYYMMDD)</i>		d. COMPLETE ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>
e. HAS CHILD EVER BEEN MARRIED? <i>(If Yes, attach a copy of annulment decree, final divorce decree, or death certificate of child's spouse.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. CHILD'S OTHER BIOLOGICAL PARENT		
a. PARENT'S NAME <i>(Last, First, Middle Initial)</i>		b. COMPLETE ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>
c. IS OTHER BIOLOGICAL PARENT IN ANY BRANCH OF SERVICE, INCLUDING RESERVE OR NATIONAL GUARD <i>(X one)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If Yes, show rank, name, SSN, and military address.)</i>		

4. CHILD'S OTHER BIOLOGICAL PARENT <i>(Continued)</i>							
d. DOES OTHER PARENT CLAIM CHILD FOR BASIC ALLOWANCE FOR HOUSING (BAH), TRAVEL ALLOWANCE, OR USIP CARD <i>(X one)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If Yes, explain.)</i>							
e. WAS CHILD'S MOTHER MARRIED FOR ANY PART OF THE 10-MONTH PERIOD PRECEDING THE CHILD'S BIRTH? <i>(X one)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If Yes, give date of marriage) (YYYYMMDD)</i>							
If the mother was married but is now separated, divorced, or widowed, furnish a copy of separation agreement, interlocutory decree, final divorce decree, or death certificate of spouse.							
f. HAS PATERNITY OF CHILD BEEN JUDICIALLY DIRECTED? <i>(If Yes, ID card can be issued.)</i>			g. HAS MEMBER BEEN JUDICIALLY DIRECTED TO SUPPORT THE CHILD? <i>(If Yes, furnish a copy of all documents.)</i>				
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO				
5. CHILD'S RESIDENCE							
a. TYPE OF RESIDENCE <i>(X and complete as applicable)</i>							
<input type="checkbox"/>	HOME OR APARTMENT OF OTHER PARENT		<input type="checkbox"/>	HOME OR APARTMENT OF FRIEND OR RELATIVE <i>(State relationship)</i>			
<input type="checkbox"/>	HOME OR APARTMENT OF MEMBER						
<input type="checkbox"/>	HOME OR APARTMENT OF CHILD		<input type="checkbox"/>	HOSPITAL OR INSTITUTION			
<input type="checkbox"/>	HOME OR APARTMENT OF FORMER SPOUSE OF MEMBER		<input type="checkbox"/>	OTHER <i>(Explain)</i>			
<input type="checkbox"/>	STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY						
b. OWNER OF RESIDENCE							
(1) NAME <i>(Last, First, Middle Initial)</i>			(2) ADDRESS <i>(Street, Apartment Number, City, State, ZIP Code)</i>				
c. IS RESIDENCE SUBSIDIZED HOUSING?		d. DATE CHILD STARTED LIVING AT CURRENT ADDRESS <i>(YYYYMMDD)</i>		e. DATE CHILD STARTED LIVING WITH PERSON WHO CURRENTLY HAS PHYSICAL CUSTODY <i>(YYYYMMDD)</i>			
<input type="checkbox"/> YES							
<input type="checkbox"/> NO							
6. PERSONS LIVING IN HOUSEHOLD WITH CHILD							
List <u>all</u> persons who live in the household, including claimed child. If employed, show hours per week worked. Continue in Remarks if more space is needed.							
a. NAME <i>(Last, First, Middle Initial)</i>		b. RELATIONSHIP TO CHILD	c. AGE	d. MARRIED <i>(X)</i>		e. EMPLOYED	
				YES	NO	HOURS PER WEEK	NO <i>(X)</i>
7. HOUSEHOLD EXPENSES							
List the household expenses for all persons living in the home. If expense was one-time only, such as purchase of a new chair, do not show this as a monthly expense; list it as an expense for the past 12 months. If child resides in the member's household or in a dwelling owned by the member, use Fair Rental Value (FRV) for dwelling. If child does not reside in member's household or in a dwelling owned by member, list actual mortgage, rent, or FRV if dwelling is mortgage-free. If FRV is used, give a brief explanation of how Fair Rental Value was obtained using the Remarks section.							
FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the child lives. This sum is an amount the owner can reasonably expect to receive from a stranger to rent the dwelling. FRV will not include food, utilities, furniture, and home repairs, which are listed separately.							
ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS		
a. <i>(X one)</i>			d. FURNITURE AND APPLIANCES				
<input type="checkbox"/> RENT <input type="checkbox"/> FRV			e. REPAIRS ON HOME				
<input type="checkbox"/> MORTGAGE <i>(Specify amount of tax and insurance if applicable)</i>			f. OTHER <i>(Specify)</i>				
TAX							
INSURANCE							
b. FOOD							
c. UTILITIES <i>(Heat, power, water, and telephone)</i>							

8. CHILD'S PERSONAL EXPENSES

List all of the child's personal expenses regardless of who is paying for them.

ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	(1) PRESENT MONTHLY EXPENSE	(2) TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING			g. PRIVATE AUTO PAYMENTS <i>(If auto is registered in child's name)</i>		
b. LAUNDRY AND DRY CLEANING			h. MONTHLY TRANSPORTA- TION PAYMENTS <i>(Specify type)</i>		
c. MEDICAL <i>(Do not include expenses paid by insurance, welfare, or Medicare)</i>			i. SCHOOL EXPENSES <i>(Itemize)</i>		
d. VALUE OF USIP CARD <i>(Verification of amount is required)</i>			j. OTHER EXPENSES <i>(Itemize)</i>		
e. PERSONAL INSURANCE <i>(Specify)</i>					
f. PERSONAL TAXES <i>(Specify)</i>					

9. CHILD'S INCOME

All gross income received by or in behalf of the child, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. This includes any income you receive as custodian or administrator for the child. If any income received during the past 12 months was a lump-sum (one-time) payment, be sure to state this. Verification documents are required.

SOURCE	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	(1) PRESENT MONTHLY INCOME	(2) TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			g. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR <i>(Specify)</i>		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.			h. SUPPLEMENTAL SECURITY INCOME (SSI)		
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION <i>(Specify type)</i>			i. VETERANS ADMINISTRATION PAYMENTS <i>(Specify type)</i>		
d. CONTRIBUTIONS FROM PERSONS OTHER THAN MEMBER			j. STATE OR LOCAL WELFARE AID, INCLUDING AID TO DEPENDENT CHILDREN <i>(Include agency and address in Remarks section)</i>		
e. SCHOLARSHIPS OR EDUCATIONAL GRANTS			k. OTHER <i>(Specify)</i>		
f. TAX REFUNDS <i>(Specify)</i>					

10. CHILD'S EMPLOYMENT

a. HAS CHILD BEEN EMPLOYED DURING THE PAST 12 MONTHS?		YES	NO <i>(If Yes, furnish the following:)</i>
b. NAME OF EMPLOYER			
c. DATE EMPLOYMENT STARTED <i>(YYYYMMDD)</i>	d. DATE EMPLOYMENT ENDED <i>(YYYYMMDD)</i>	e. MONTHLY SALARY <i>(Gross)</i>	f. TYPE OF WORK PERFORMED
g. REASON EMPLOYMENT ENDED			

11. MEMBER'S CONTRIBUTION

a. SHOW THE TOTAL AMOUNT THE MEMBER HAS CONTRIBUTED TO THE CHILD'S SUPPPORT FOR EACH OF THE PAST 12 MONTHS.					
(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT	(1) MONTH AND YEAR	(2) AMOUNT
b. MEMBER PROVIDES SUPPORT BY <i>(X one)</i>		ALLOTMENT	PERSONAL CHECK	MONEY ORDER	
		OTHER <i>(Explain)</i>			

12. REMARKS (Use a separate sheet of paper if necessary)

READ THE PENALTY PROVISIONS, SIGN AND DATE THE FORM, AND HAVE IT NOTARIZED.

NOTE: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined as provided in Title 18, or imprisoned not more than 5 years, or both (U.S. Code, title 18, section 1001). The information provided in this form may be referred to the appropriate Military Service investigative agency.

I make the foregoing claim with full knowledge of the penalties involved for willfully making a false claim. (U.S. Code, title 18, section 287, formerly section 80, provides a penalty as follows: Imprisonment for not more than five years and subject to a fine in the amount provided in this title.)

13. SIGNATURES

a. CUSTODIAN

I/we _____ (print name(s)) will immediately notify the service concerned of any change in child's financial circumstances, marital status, physical custody, or change in dependency upon the service member as shown in this form.

(1) SIGNATURE OF PERSON (OTHER THAN MEMBER) WHO HAS PHYSICAL CUSTODY OF THE CHILD

(2) RELATIONSHIP TO CHILD

(3) DATE SIGNED
(YYYYMMDD)

b. NOTARY PUBLIC

Subscribed and duly sworn (or affirmed) to before me according to law by the above named affiant(s).

This _____ day of _____, _____, at city (or town) of _____, county of _____,

and state (or territory) of _____.

(Notary)

(Official Seal)

(Official Title)

c. MEMBER

(1) SIGNATURE

(2) DATE SIGNED (YYYYMMDD)